

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: CATHETER WITH PUNCTURE SENSOR

Attorney Docket Number:: 011350-334

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 34

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Takashi

Middle Name::

Family Name:: YAMAMOTO

Name Suffix::

City of Residence:: Ashigarakami-gun

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha, 1500, Inokuchi,  
Nakai-machi

City of Mailing Address:: Ashigarakami-gun

State or Province of Mailing Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 259-0151

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yoshitaka

Middle Name::

Family Name:: OOMURA

Name Suffix::

City of Residence:: Ashigarakami-gun

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

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Nakai-machi

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Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 259-0151

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yukinori

Middle Name::

Family Name:: KUBOTERA

Name Suffix::

City of Residence:: Ashigarakami-gun

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

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Country of Mailing Address:: Japan

Postal or Zip Code of Mailing  
Address:: 259-0151

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

## Domestic Priority Information

Application::                      Continuity Type::                      Parent Application:: Parent Filing  
Date::

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2003-085435	03/26/03	Yes
Japan	2003-090226	03/28/03	Yes
Japan	2004-044320	02/20/04	Yes
Japan	2003-036990	02/14/03	No

## Assignee Information

Assignee Name::                      TERUMO KABUSHIKI KAISHA

Street of Mailing Address::                      44-1, Hatagaya 2-chome

City of Mailing Address::                      Shibuya-ku

State or Province of Mailing Address:: Tokyo

Country of Mailing Address::                      Japan

Postal or Zip Code of Mailing  
Address::                      151-0072